

18343

State File No. _____

FILED JUN 5 1944

Registration District No. 1514

Primary Registration District No. 2001

Registrar's No. 253

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1514 Indiana Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: 12 years In hospital or institution (Specify whether years, months or days)

3. (a) PRINT FULL NAME

David L. Helton

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex MO 5. Color or race W
6. (a) Single, widowed, married, divorced 1
6. (b) Name of husband or wife Rosa
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased July 21 1869
(Month) (Day) (Year)

8. AGE: Years 74 Months 9 Days 24 If less than one day hr. _____ min. _____

9. Birthplace Heltonville Ind
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Plant worker

11. Industry or business Hercules Powder Co

12. Name George W. Helton

13. Birthplace Ind
(City, town, or county) (State or foreign country)

14. Maiden name Rosal
(City, town, or county) (State or foreign country)

15. Birthplace Ind
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Rosa Helton

(b) Address 1514 Indiana

17. (a) Burial (b) Date thereof 5-19-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Curtis Cem, Carthage Mo

18. (a) Signature of funeral director Lambert Helton

(b) Address Joplin Mo

19. (a) 5-17-44 (b) Arthur C. Shultz
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 1514 Indiana
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15th
year 1944 hour 2:25 minute a M.

21. I hereby certify that I attended the deceased from May 1st 1944 to May 15 1944
that I last saw him alive on May 13, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombophy
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place) (e) Means of injury _____

23. Signature W H Brookshire (M.D. or other)

Address Joplin Mo Date 6/7/44

44-5-412

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed

Cecil A. Hornbush

Licensed Embalmer No. *3590*

P. O. Address

Joplin Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.